## PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

**Intervention Name:** Adult Identity Mentoring (Project AIM)

**Developer:** Leslie Clark, PhD; Steve Nagy, PhD; and Kim Miller, PhD

**Program Description:** 

Project AIM is a school-based program for middle school students designed to promote abstinence, delay the initiation of sex, and decrease the intention to engage in sex. To accomplish this, the program seeks to help adolescents form their "adult identity" by helping them to articulate their future goals and think about how risky behavior choices might jeopardize their path toward achieving those goals.

Program activities include exercises to help students identify what they desire for their future selves and help them understand the consequences of risky behaviors. These exercises involve students filling out interest inventories, preparing résumés, making business cards, role-playing, talking with peers about risky behaviors and about future selves, and answering questions about their desired occupation.

## **Component 1: Classroom Sessions**

This 10-session curriculum takes place one to two days per week over a period of six weeks, depending on the school schedule, and is implemented with groups of 10–25 students. It includes the following four units, each of which contains exercises and questions for discussion:

- Unit 1: Legacy, Role Models, and Peers (three sessions).
  Students conceptualize legacy in their own lives and their future.
- Unit 2: Self-Projection: Expanding Visions of Possible Selves (two sessions). Students identify and research relevant occupations.
- Unit 3: Self-Expression Through Work: Development of Possible Self (two sessions). Students identify necessary skills to be competitive and learn the value of selfpresentation specific to the desired future self.
- Unit 4: Skills of Fulfilling Positive Future Possible Selves (three sessions). Students gain skills to promote life goals and generalize skills.

The program is facilitated by a team of male and female facilitators who have had experience working with at-risk youth.

**Target Population:** Available information describes the target population as middle

school students between the ages of 12 and 14.

**Curriculum** Youth-specific materials and facilitator materials are available at a cost by contacting the Leslie Clark, Ph.D., MPH, University of

Southern California, Children's Hospital Los Angeles, Iclark@chla.usc.edu.

**Training and TA:** Program facilitators are required to participate in a three-day

training. This may be conducted at a centralized location or on

site.

Research Evidence<sup>1</sup>

**Study Citation:** Clark, L. F., Miller, K. S., Nagy, S. S., Avery, J., Roth, D. L.,

Liddon, N., & Mukherjee, S. (2005). Adult identity mentoring: Reducing sexual risk for African-American seventh grade students. Journal of Adolescent Health: Official Publication of the Society for

Adolescent Medicine, 37(4), 337e1-337e10.

**Population** Predominantly African American (98%) adolescents in grade 7

**Evaluated:** from low-income families

Age range between 12 and 14 years

**Setting:** Seventh-grade health education classes in a suburban middle

school in the southeastern United States

**Study Findings:** At the 19-week follow-up: adolescents participating in the

intervention were significantly less likely to report having had

sexual intercourse.

At the 1-year follow-up: male adolescents participating in the intervention were significantly less likely to report having had

sexual intercourse.

<sup>&</sup>lt;sup>1</sup> This summary of evidence is limited to studies of the intervention meeting the inclusion criteria and evidence standards for the Pregnancy Prevention Research Evidence Review. Findings from these studies include only those showing a statistically significant positive impact on sexual risk behavior or its health consequences. Studies may present other positive findings beyond those described; however, they were not considered as evidence for effectiveness because they focused on non-priority outcomes or subgroups, did not meet baseline equivalence requirements, or were based on follow-up data with high sample attrition. For additional details on the review process and standards, see the review's Technical Documentation.